

Republic of the Philippines TARLAC STATE UNIVERSITY OFFICE OF ADMISSION AND REGISTRATION ADMISSION UNIT Tarlac City, Philippines

		NOTICE OF ACCEPTANCE		
Please check (✓):	Prof. Ed. Units	Returnee Transferee C	Others:	
		SEMESTER, / ACADEMIC YEAR:		_
	(****, =****, ******,			
DEAN:				
COLLEGE:				Date
This University				
Dear Sir / Madam:				
I, Mr. / Ms.				hereby apply as
1, 1011.7 1010.		(Last Name, First Name and Middle Name)		
	in your College	e, preferably in the Course		
(APPLICANT TYPE)			JED FOR)	
Attached herewith are the pertinent	documents for your cor	osideration and approval	(000110=1111	
A macroa horowar are the pertinorit	accumente for your cor	ioladiation and approval.		
			SIGNATURE OVER PRINTED NAME	
			Student Number:	
RECOMMENDING APPROVAL:				
College Dean				
_				
Testing, Evaluation, and Measurement Un (Psychological Exam for Transferee)	nit / Guidance and Cour (Counseling Report f	•	Head, Admi	ssion Unit
Note: Please attach your most recent Re	eport of Grades (For Retu	<u>irnee)</u>		
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